an artinian, process of the first ¿ Under the Paperwork Reduction Act of 1995, on or

L	PA	TENT APPL	ICATIO Subst	N FEE DE	IERMINATI	ION	RECORD	nomation u	Applic	stion or Docket	control number	<u>.</u>		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	OR	OTHI SMAL	ER THAN L ENTITY			
Г	FOR	· NUM	· NUMBER FILED		MAMBER EXTRA		RATE		7		T :	-		
	SIC FEE 7 CFR 1.16(a))		/		,		MIE	FEE	-	RATE	FEE	-{		
TO	TAL CLAIMS 7 CFR 1.16(c))	21	2	. .				 •	-			4		
IN	DEPENDENT CL	AUMS	. *)		/	\dashv	X \$	┼	OR	× \$	<u> </u>	վ.		_
(37 CFR 1.16(b)) minus 3 = •						4	X \$=	 	OR	X \$] -		٠.
MÜLTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+5	·	OR	+5=				
of the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL		1		
	fler.	CLAIMS AS AN	MENDE	D – PART II				•	- . •	· i]		
L	V-	(Column 1)		(Column 2) (Column 3)	_	SMALL	ENTITY	OR.		R THAN			<u>.</u> :
AMENDMENT	3-14-05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE] .	RATE	ADOI- A	1 JK		: :
Ž	Total (1) OFR 1.16(ct)	35	Minus	" 35,	- /	1	x , 25_		OR	₹ 50 ==	FEE	1	r cause.	i .
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))						+1/80		OR	+.36Q		1		
							TOTAL ADD'L FEE		OR	TOTAL				_
		(Column 1)		(Column 2)	(Column 3)		, , , , , , , , , , , , , , , , , , , ,]	ADD'L FEE	<u> </u>	1	٠.	
EI JOMENT	Stal.	CLAIMS REMAINING AFTER		HIGHEST	PRESENT	1	RATE	ADOI-		RATE	ADOI:			- -
	Toial	AMENDMENT	Minus	PREVIOUSLY PAID FOR		╀┃		TIONAL FEE			TIONAL FEE		i ismie i	
	(37 OFR 1,15(c))	38,	Minus	25	=	11	x s 25 =		OR	x , 50.		ŀ.	1!	
AME	DI CER 1.1600)	6	maio.	4	12	$\ \ $	× POU	2	OR	x.s_200_	400-		<u>.</u>	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) .						+5		OR	+ 2	:		,· -	
. . .		•					TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	400		राष्ट्रागाकाः 	•
· - ·	···· <u>-</u> .	(Column 1)		(Calumn 2)	(Cotumn 3)		,							
NT W		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	٠	•	
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₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						× \$=		OR .	X,8	*************	- :. . .	· '	
TOTAL														_
٠.	If the entry to co	Aumn 1 is less than	the ento-	in cokuma 2 wei	to °0° la colorea		ADD'L FEE		OR :	ADOL FEE	<u>.</u> 	issi Da	in the easily	in ex-
	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										Samilianity (******		

The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public windows to select and by the Control of Information is required by 35 U.S.C. 122 and 37 CFR 1.19. This collection is estimated to take 12 minutes to complete the properties of the prope

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2